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MAY 19 2006

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30689 7590 04/26/2006

DEERE & COMPANY Smp
 ONE JOHN DEERE PLACE
 MOLINE, IL 61265

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C. Sue Lindblad		(Depositor's name)
<i>C. Sue Lindblad</i>		(Signature)
<i>17 May 2006</i>		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/801,225	03/16/2004	Dirk Weichholdt	09242-US	2010

TITLE OF INVENTION: DISCHARGE DEVICE FOR A HARVESTING MACHINE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	07/26/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
KOVACS, ARPAD F	3671	460-112000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents OR, if no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	1 _____
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2 _____ 3 _____ 01 FC:1501 1400.00 DA 02 FC:1504 300.00 DA

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Deere & Company

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

One John Deere Place
 Moline, IL 61265

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 04-0525 (enclose an extra copy of this form).

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- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Stephen M. Patton

Typed or printed name Stephen M. Patton

Date 5-17-2006

36,235

Registration No.

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